

**IN THE SPECIFICATION**

Please amend paragraphs [0035] [0036] and [0038] indicated in the following:

[0035] As shown in Figure 3, uterine artery occlusion device 40 is operatively connected to the guide rail 11 of tenaculum-like device 10 by an attachment sleeve 43, which is configured to at least partially surround or enclose a portion of guide rail 11 so as to be longitudinally movable on the guide rail. Distal sliding movement of attachment sleeve 43 moves uterine artery occlusion device 40 along the path defined by guide rail 11. Movement of the occlusion device 40 along the guide rail 11 may be effected manually, mechanically (such as the drive member [[33]]34) or by other suitable means. However, as described above, preferably the driving member [[33]]34 engages the attachment sleeve 43 (to which the occlusion device 40 is secured) so that rotation of the adjustable knob 36 causes movement of the occlusion device 40 along the guide rail 11.

[0036] As shown in Figure 3, the proximal portions 19 and 23 of the tissue grasping mechanism 12 of the tenaculum-like device 10 may be configured to be removable during use. This allows the distal portion of the tissue grasping mechanism 12 and the guide rail to remain in the patient's vaginal canal during the time period in which the patient's uterine arteries are being occluding by the occluding device 40 mounted on the guide rail 11. Removal of the proximal portions 19 and 23 provides greater comfort and freedom of movement to a patient receiving treatment. The removable proximal portions 19 and 23 may be connected by suitable means such as a threaded connection or with a bayonet-detent connection[[.]] to the remaining portions of the tissue grasping

members.

[0038] Once the tenaculum-like device 10 is secured, an operator may then manipulate the patient's uterine cervix to place the tissue in a desired position or orientation for a subsequent procedure such as uterine artery occlusion. For example, by pulling on the handles 18 and [[23]] 22 of the tenaculum-like device 10, the tissue next to the cervix, such as the vaginal fornix is stretched, which in turn pulls the uterine arteries towards the vagina so that these arteries are more readily compressed for occlusion. A therapeutic or diagnostic device, such as occlusion device 40, may be attached to the guide rail 11 of tenaculum-like device 10 either before placement of the tenaculum-like device within a patient's vagina or it may be attached at a later time, such as after a tenaculum-like device 10 has been secured to the patient's cervical tissue.